Statement Co	Organization mmittee	Type or print in ink		Date Stamp	STATEMENT OF ORGANIZATION CALIFORNIA 410
Statement Type	☐ Initial Not yet qualified 🎢 or	Amendment List I.D. number:	Termination - See Part 5 List I.D. number:		For Official Use Only
		#	#		
1. Committee				Other Principal Office	rs
MAILING ADDRESS OPTIONAL: FAX/E- COUNTY OF DOMICE	HAL TO ELLEX (NO P.O. BOX) ALCIER PL STATI OD / CA (IF DIFFERENT) MAIL ADDRESS OWW - Cr ty of Local ILE COUNTY WH THAN COUN	1. 95242 201-3	MAILING ADDRESS CITY STOCK NAME OF ASSISTANT THEM EMILY MAILING ADDRESS 852 H CITY LOD 1 NAME AND POSITION OF OF MAILING ADDRESS MAILING ADDRESS	Howard. Plack Pl. STATE CA. THER PRINCIPAL OFFICER(S), IF API DURING Plack Pi.	ZIP CODE COPPANEA CODE/PHONE 35219 474-1084 ZIP CODE AREA CODE/PHONE 95242 209-369-2476 PLICABLE HONEH: SLE ENGLI ZIP CODE AREA CODE/PHONE
Executed on	easonable diligence in preparion laws of the State of California S	ng this statement and to the be a that the foregoing is true and By By	John Controlling of SIGNATURE OF CONTROLLING OF	ontained herein is true and contained herein is true and contained herein is true and contained the statement of the statemen	A Handra
English Andrews	DAIL	:	SIGNATURE OF COMPROLITION		

dug-mailed to PPPC on 8/16/00.

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2007	
Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:	
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION	•
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE

SUPPORT

OPPOSE

Statement of Organization STATEMENT OF ORGANIZATION **Recipient Committee CALIFORNIA** FORM INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR MAILING ADDRESS CITY STATE ZIP CODE NO. AND STREET **Broad Based Committee** (For purposes of special election contribution limits)

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - · This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to the <u>Information Manual on Campaign Disclosure Provisions of the Political Reform Act, for Elected Officers, Candidates and their Controlled Committees</u> (Manual A).
 - -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

FPPC Form 410 (8/99) For Technical Assistance: 916/322-5660